

TEMPORARY FOOD FACILITY (TFF) APPLICATION

(Applications submitted less than 10 calendar days prior to the start of event will be subjected to an expedited processing fee)

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

TFF OPERATOR INFORMATION	EVENT INFORMATION
Name of Temporary Facility:	Event Name:
Name of Owner and DBA:	Date(s) of Event:
Mailing Address:	Event Address:
Contact Phone Number:	Event Location: <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event
Email:	Hours of TFF Operation Set Up Hours: _____ Event Hours: _____
TFF Person-in-Charge and Phone Number:	Facility Type: <input type="checkbox"/> Food Booth <input type="checkbox"/> Food Truck <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Food Cart
Event Organizer's Name:	# of Food Employees: (Annual TFFs must include food handler's certificates)

FOOD OPERATION

Pre-packaged food only Pre-packaged with sampling
 Food preparation (All food preparation is to be completed within the food booth or at a permitted food facility)

Type of permit requesting:
 Single Event
 Site-Specific Annual Event
 Seasonal (<180 consecutive days)

FOOD BOOTH CONSTRUCTION

All food booths require overhead protection and a cleanable floor. Food preparation booths must be enclosed.

Overhead Covering: Canvas Wood Other: _____

Floor: Asphalt Concrete Wood Other: _____

Walls: Screens Canvas Wood Other: _____

Booth supplied by: TFF Operator Event Organizer Rent from: _____

Booth Size: _____

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Date Application Received:	Application Approved <input type="checkbox"/> Yes <input type="checkbox"/> No (See reason below)	Reviewer Signature
		Date:
Health Fee:	Late Fee:	Total Fees:
Permit Restrictions:		
<input type="checkbox"/> Approved Source Provided	<input type="checkbox"/> Health Fee Paid	<input type="checkbox"/> Application Reviewed

LIST ALL FOOD & BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY

Attach additional pages as necessary

Food Item	Prepackaged (Y or N)	Identify type of preparation at other location**	Identify type of preparation at booth (assembly, portioning, cooking, etc.)

****Approved Source:** Indicate the location that food will be manufactured, stored or prepared before the event.
I have attached a copy of the food facility's permit. _____ Initial

Food Facility Name:	Name of Permit Holder:
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Address and City:	Facility Contact Number:
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Method of food temperature control during transportation:

HOT/COLD HOLDING EQUIPMENT

Identify methods of maintaining food hot (135°F) or cold (41°F)

Cold Holding	<input type="checkbox"/> Mechanical Refrigerator	<input type="checkbox"/> Ice Chest	<input type="checkbox"/> Cold Table
	<input type="checkbox"/> Other (Specify): _____		
Hot Holding	<input type="checkbox"/> Steam Table	<input type="checkbox"/> Chaffing Dishes	<input type="checkbox"/> Electric Warmer
	<input type="checkbox"/> Other (Specify): _____		

I agree to voluntarily destroy any and all potentially hazardous food(s) held at 45°F and/or held at or above 135°F at the end of the operating day in a manner approved by the enforcement agency. _____ Initial

EQUIPMENT/UTENSILS

Will multi-use kitchen utensils be used inside the booth for preparation?

Yes (complete Utensil Washing section and Liquid Waste Removal section) No

Utensil Washing

Three-compartment sink within food booth Shared three-compartment sink provided by Organizer

Sanitizer to be used (test strips must be available to test sanitizer concentration)

Chlorine Quaternary Ammonia Iodine

Identify all equipment that will be used for food preparation at the food booth:

Barbecue Grill Range Burner Deep Fryer Griddle Mixer/Blender

Other (Specify): _____

Please contact the Fire Department if using propane, open-flame equipment, charcoal or wood at (626) 744-7049.

FOOD PROTECTION

Identify methods of protecting foods from customer contamination:

- Sneeze Guards
 Hinged Chafing Dishes
 Individual Portion Samples
 Other (Specify): _____

Identify overnight food and utensil storage location for events longer than 1 day: _____

Food and utensils must be stored overnight in a secure, vermin proof and weather proof location. Potentially hazardous foods must be stored overnight under mechanical refrigeration.

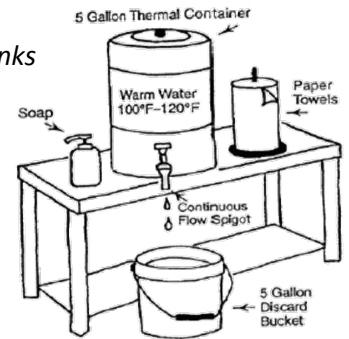
HANDWASH FACILITIES

Handwashing facilities are required in a TFF that handles open food

Hand soap, single-use towels, and a trash receptacle must be provided at all handwashing sinks

Type of handwashing facility that will be used:

- Gravity-fed warm water (100°F) with spigot and catch basin
Waste water must be properly disposed; may be approved for events that operate for three days or less
 Self-contained portable unit (with potable water and waste water holding tanks)
 Permanently plumbed with hot and cold water under pressure



FACILITY REQUIREMENTS

Electrical Supply

- Provided by :
 Event Organizer
 Booth Operator

 Refrigerator or Freezer storage available
 Lighting available

Toilet Facilities for Food Employees

- Provided by :
 Event Organizer
 Booth Operator

Refuse Removal

- Provided by :
 Event Organizer
 Booth Operator
 Identify responsible party for waste removal:

Liquid Waste Removal

- Provided by :
 Event Organizer
 Booth Operator
 Identify responsible party for liquid waste removal:

 Frequency of liquid waste removal: _____ per day

Temporary Food Facility Operator Acknowledgment

I have completed the application to the best of my ability. I understand that I may be asked to provide additional information in order for the application to be approved and that the information provided is considered part of the application. I understand that failure to provide required information will delay or prevent approval of the event.

I understand that I am responsible for obtaining approval from all applicable agencies, including the local Fire Department and the Business License.

I acknowledge I have read and understood the Community Event Requirements provided. I understand that failure to meet the conditions approved in this application may result in the suspension of approval to operate at the event.

APPLICATION COMPLETED BY:

Print Name: _____ Cell Phone: _____

Signature: _____ Date: _____

Applications may be submitted in person or by email to envhealth-specialevents@cityofpasadena.net. Payment is due at time of submission. To pay by credit card complete the Credit Card Authorization Form. Checks are not accepted.